

**CALEDONIA & DISTRICT MINOR HOCKEY ASSOCIATION
COMPLAINT FORM**



Please note the following:

- Complaints of harassment, abuse or bullying will not qualify a player for an automatic release.
- Substantiated allegations of harassment, abuse or bullying will be considered for sanctions ranging in severity.
- The C.D.M.H.A. cannot guarantee complete confidentiality. The contents of this document may be shared in an effort to resolve this complaint. By completing the form, you agree that the C.D.M.H.A. may share some or all of this information in the process of resolving the complaint.
- Complaints will be addressed in accordance with the Code of Conduct Policies and Procedures.
- Fax or email completed form to **905-765-1333** or jwcmaster@gmail.com

Please complete the following:

- 1. Person making the complaint:** Player Parent Volunteer Official Employee

First Name		Last Name	
Address			
City/Town	Province	Postal Code	
Telephone Number	Fax Number	Email	

- 2. Person on whose behalf the complaint is made:** (to be completed in case of a minor)

First Name	Last Name
Birth Date (day / month / year)	

- 3. Name of person(s) against whom you are complaining:**

First Name	Last Name
Title/Role	Name of Association
First Name	Last Name
Title/Role	Name of Association

- 4. When did the incident(s) occur? (date):** _____

CALEDONIA & DISTRICT MINOR HOCKEY ASSOCIATION COMPLAINT FORM



5. Please check the ground(s) that best describes your complaint:

A. Harassment

Type of behavior:

<input type="checkbox"/> Conduct	<input type="checkbox"/> Gestures	<input type="checkbox"/> Comments
----------------------------------	-----------------------------------	-----------------------------------

Based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Disability	<input type="checkbox"/> Colour
<input type="checkbox"/> Religion	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Sex
<input type="checkbox"/> Marital status	<input type="checkbox"/> Family status	<input type="checkbox"/> Pardoned conviction	

B. Abuse

Type of behavior:

<input type="checkbox"/> Physical	<input type="checkbox"/> Emotional	<input type="checkbox"/> Sexual	<input type="checkbox"/> Neglect
-----------------------------------	------------------------------------	---------------------------------	----------------------------------

Please note: If this matter has been reported to the Police or Child Protection Authorities, the C.D.M.H.A. may through its fact finding process determine that a suspension of the alleged offender is warranted, until such time as the Police and/or Authorities have concluded their investigation, after which a final determination will be made.

C. Bullying

Type of behavior:

<input type="checkbox"/> Physical	<input type="checkbox"/> Verbal	<input type="checkbox"/> Relational	<input type="checkbox"/> Reactive
-----------------------------------	---------------------------------	-------------------------------------	-----------------------------------

D. Misconduct

<input type="checkbox"/> Issue	<input type="checkbox"/> Concern	<input type="checkbox"/> Dispute
--------------------------------	----------------------------------	----------------------------------

CALEDONIA & DISTRICT MINOR HOCKEY ASSOCIATION COMPLAINT FORM



6. **Particulars:** Provide a summary of the incidents you are complaining about. Your summary must answer the following questions. Section 6 is to be no longer than 2 pages. You may attach any additional documents as necessary.

1. Date incident(s) happened
2. Where did the incident(s) happen?
3. Who was involved (Name and title/role)?
4. What happened?
5. How were you treated differently from others (if at all)?
6. How do the incident(s) relate to the ground(s) you selected?
7. Remedy/Resolutions you are seeking

Day/Month/Year

Signature of Complainant

**CALEDONIA & DISTRICT MINOR HOCKEY ASSOCIATION
COMPLAINT FORM**



(6. Continued)

Day/Month/Year

Signature of Complainant